INCIDENT CHECK-IN LIST	1. Incident Name	2. Check-In Location (complete all that apply)					3. Date/Time
Check one: ☐ Personnel ☐ Handcrew ☐ Misc. ☐ Engines ☐ Dozers ☐ Helicopters ☐ Aircraft		☐ Base	☐ Camp	☐ Staging Area	☐ ICP Restat	☐ Helibase	

Check-In Information

4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format:					5. Order/Request Number	6. Date/ Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest Yes / No	10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Int
Agency	Single	Kind	Type	I.D. No/Name												

Page 2 of	17. Prepared by (Name and Position) *Use back for remarks or comments*